


March 2023 Ovarian Torsion

- Key points
 - **Ovarian torsion can occur in a patient with normal doppler flow to ovaries on ultrasound. 25% of laparoscopic confirmed torsion had normal flow.**
 - **It is most common in patients with large ovarian cysts (>5cm) and patients with a history of pelvic surgery (tubal ligation/previous torsion).**
- Introduction
 - Ovarian torsion is rare, but missed torsion can have devastating consequences to fertility.
- Risk Factors
 - 80% of ovarian torsion patients have an ovarian mass of 5cm or more
 - 10-20% of torsion cases occur in pregnancy. These are usually associated with an adnexal mass of 6 cm or greater
 - Polycystic ovarian syndrome, tubal ligation, fertility medications
- Clinical Presentation
 - Most common: Lower abdominal pain with nausea and vomiting. Premenarchal females are more likely to have generalized pain
- Testing
 - Labs: Aside from a pregnancy test, labs are not helpful
 - Ultrasound: Pelvic US can provide information to make torsion less likely, but cannot rule it out. Patients can have ovarian torsion with normal flow to ovaries and no ovarian mass. Pelvic US can be helpful in evaluating for other causes of pelvic pain (TOA, ectopic pregnancy)
 - The finding of decreased flow in the setting of pelvic pain and adnexal mass is 100% sensitive and 97% specific for torsion

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- CT/MRI- Helpful in evaluating for other causes of pain and may show ovarian mass but can't rule in/out ovarian torsion
 - Management
 - GYN consultation is indicated in suspected ovarian torsion cases
 - The only definitive diagnosis is direct visualization of the ovaries

 - [Guidelines for reasonable and appropriate care in the emergency department \(GRACE\): Recurrent, low-risk chest pain in the emergency department - PubMed \(nih.gov\)](#)
 - These are 2021 guidelines from the Society for Academic Emergency Medicine on recurrent low risk chest pain. This article outlines their eight recommendations for patients with recurrent chest pain and who can be discharged home without further ED testing or admission.
 - [Is Lateral Decubitus or Upright Positioning Optimal for Lumbar Puncture Success in a Teaching Hospital? - PubMed \(nih.gov\)](#)
 - No difference in lumbar puncture success rate between lateral decubitus and upright positioning
 - [Effect of Early High-Flow Nasal Oxygen vs Standard Oxygen Therapy on Length of Hospital Stay in Hospitalized Children With Acute Hypoxemic Respiratory Failure: The PARIS-2 Randomized Clinical Trial - PubMed \(nih.gov\)](#)
 - Nasal high-flow oxygen used as the initial primary therapy in children aged 1 to 4 years with acute hypoxemic respiratory failure did not significantly reduce the length of hospital stay compared with standard oxygen therapy
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- [Treatment Time and In-Hospital Mortality Among Patients With ST-Segment Elevation Myocardial Infarction, 2018-2021 - PubMed \(nih.gov\)](#)
 - STEMI patients that received PCI within 90 minutes had lower mortality
 - [Intranasal Topical Application of Tranexamic Acid in Atraumatic Anterior Epistaxis: A Double-Blind Randomized Clinical Trial - PubMed \(nih.gov\)](#)
 - TXA is good for epistaxis
 - [Twice-Daily Oral Zinc in the Treatment of Patients With Coronavirus Disease 2019: A Randomized Double-Blind Controlled Trial - PubMed \(nih.gov\)](#)
 - Twice daily zinc shown to lower 30-day death, ICU admission rate and can shorten symptom duration
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